

CERTIFICATE OF NEED - PROJECT DESCRIPTION

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 - Fax (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is Voluntary, but is required to obtain a Certificate of Need. If NOT completed, a CON will NOT be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.
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Project Description:

Provide a comprehensive, concise narrative description of the proposed project including its physical elements. Use building names, floor numbers and wings, room numbers and types, and numbers of patient accommodations. Indicate which services will be located in areas of new construction or renovation.

Use Additional Sheets as Needed